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Attorney Docket No.: 010327-003600US

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR INSERTING EMPTY MEMORY CELLS INTO A DATA FLOW OF NETWORK CONNECTIONS OF A COMPUTER NETWORK**, the specification of which \_\_\_\_\_ is attached hereto or X was filed on October 18, 2001, as Application No. 10/045,290, and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Robert C. Colwell, Reg. No. 27,431  
Babak S. Sani, Reg. No. 37,495  
Horace Ng, Reg. No. 39,315  
Brian N. Young, Reg. No. 48,602  
Ko-Fang Chang, Reg. No. 50,829

Send Correspondence to: <b>Robert C. Colwell</b> <b>TOWNSEND and TOWNSEND and CREW LLP</b> <b>Two Embarcadero Center, 8<sup>th</sup> Floor</b> <b>San Francisco, California 94111-3834</b>	Direct Telephone Calls to: (Name, Reg. No., Telephone No.) Name: <b>Robert C. Colwell</b> Reg. No.: <b>27,431</b> Telephone: <b>650-326-2400</b>
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Full Name of Inventor 1:	Last Name: <b>LEWIS</b>	First Name: <del>STEVE</del> <b>STEPHEN</b>	Middle Name or Initial: <b>JOHN</b>
Residence & Citizenship:	City: <b>PERTH</b>	State/Foreign Country: <b>WESTERN AUSTRALIA / AUSTRALIA</b>	Country of Citizenship: <b>AUSTRALIA</b>
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Full Name of Inventor 2:	Last Name: <b>MERCHANT</b>	First Name: <b>NILS</b>	Middle Name or Initial:
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship:
Post Office Address:	Post Office Address:	City:	State/Country: Postal Code:
Full Name of Inventor 3:	Last Name: <b>REYNOLDS</b>	First Name: <b>MIKE</b>	Middle Name or Initial:
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship:
Post Office Address:	Post Office Address:	City:	State/Country: Postal Code:



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Full Name of Inventor 1:	Last Name: <b>LEWIS</b>	First Name: <b>STEVE</b>	Middle Name or Initial
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship:
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Full Name of Inventor 3:	Last Name: <b>REYNOLDS</b>	First Name: <b>MIKE</b>	Middle Name or Initial:
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship:
Post Office Address:	Post Office Address:	City:	State/Country: Postal Code:

Attorney Docket No.: 010327-003600US

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<b>Signature of Inventor 1</b>  _____ Steve Lewis Date: _____	<b>Signature of Inventor 2</b>  <i>Nils Ramon Marchant</i> Nils Marchant Date: <u>28th of June, 2002.</u>	<b>Signature of Inventor 3</b>  _____ Mike Reynolds Date: _____
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